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CERTIFICATE OF FACSIMILE TRANSMISSION

Request to Withdraw as Attorney or Agent

| Application Number | 10/607,434 |
|--------------------|------------------|
| Filing Date | 6-26-2003 |
| First Inventor | Anstadt, Mark P. |
| Examiner Name | |
| Art Unit | |
| Docket Number | MPA-554 |

| Faxed to Number <u>703-872-9306</u> | Total Pages 3 |
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| DATE OF TRANSMISSIÓN: Sept. 30, 2 | 005 |
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| The following documents are enclosed: Certificate of Facsimile Transmission (1) | page) |
| Request for Withdrawal as Attorney or Notice to Client (1 page) | Agent (1 page) |

The above named documents are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated above. The Director is authorized to charge any additional fee(s) as needed during the pendency of this application to deposit account 50-2753

> Howard J. Greenwald P.C. 349 W. Commercial Street, Suite 2490 East Rochester, NY 14445 Telephone (585) 387-0285 Fax (585) 387-0288

| Signature of Transmitter: _ | Milliam | 11 | |
|---|---------|-----|--|
| Howard J. Greenwald, F. William Six Tracy P. Jong, Reg. No. | | • • | |

11 11.

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PTO/SB/83 (09-04)
Approved for use through 11/30/2005. OMS 0651-0035
U.S. Patent and Trudemark Office, U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

| Application Number | 10/607,434 | |
|------------------------|------------------|--|
| Filing Date | 6-26-2003 | |
| First Named Inventor | Anstadt, Mark P. | |
| Art Unit | | |
| Examiner Name | | |
| Attorney Docket Number | MPA-554 | |

| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | | | |
|--|--|---|--------|-----------|------------------|-----------|--------|--------|---------|---------------------------------------|
| Pleas | se withdraw me | as attorney or agent for the abo | ove ic | entified | patent a | applicati | on, an | đ | | |
| | all the attorney | /s/agents of record. | | | | | | | | |
| | the attorneys/agents (with registration numbers) listed on the attached paper(s), or | | | | | | | | | |
| V | the attorneys/a | /s/agents associated with Customer Number 37282 | | | | | | | | |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. | | | | | | | | | | |
| The reasons for this request are as follows: The practitioner knows or it is obvious that the practitioner's continued employment will result in violation of a Disciplinary Rule, to wit, CFR Sec. 10.66(b) and as such, withdrawal is mandatory pursuant to 37 CFR Sec. 10.40 (b)(2). There is no outstanding action from the USPTO with a reply due within 60 days. | | | | | | | | | | |
| | | CORRESPO | ND | ENCE | ADD | RESS | | | | · · · · · · · · · · · · · · · · · · · |
| | 1. The correspondence address is NOT affected by this withdrawal. | | | | | | | | | |
| 2. 🗀 C | hange the corr | espondence address and direct | all ft | iture coi | respond | ence to | : | | <u></u> | - |
| The address associated with Customer Number: | | | | | | | | | | |
| OR | | | | | | | | | | |
| 142 | Firm or Individual Name Michael L Welner | | | | | | | | | |
| Address Advanced Resuscitation 150 Lucius Gordon Drive Suite 215 | | | | | | | | | | |
| City West Henrietta State NY | | | NY | | | | Zip | 14568 | | |
| Country | Country United States | | | | | | | | | |
| Telephone Fax (585) 424-6538 | | | | | | | | | | |
| Signature /// | | | | | | | | | | |
| Name | ne Howard J. Greenwald | | | | Registration No. | | | 24,247 | | |
| Date September 30, 2005 Telephone No. (585) 387-0285 | | | | | | | | | | |
| | | | | | | | | | | |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

date of a time period for response or possible extension period, the request to withdraw is normally disapproved.



HOWARD J. GREENWALD, P.C.

Patent Preparation, Prosecution, and Licensing 349 W. Commercial Street, Suite 2490 EAST ROCHESTER, NY 14445-2408

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Howard J. Greenwald, Patent Attorncy Tracy P. Jong, Patent Attorncy Peter J. Mikesell, Patent Agent, Ph.D. TELEPHONE (585) 387-0285 FACSIMILE (585) 387-0288 WWW.GREBNWALDPC.COM

Scptember 30, 2005

Advanced Resuscitation, LLC 150 Lucius Gordon Drive, Stc 215 West Henrietta, NY 14586

REQUEST OF WITHDRAWAL AS ATTORNEY AND CHANGE OF
CORRESPONDENCE ADDRESS
DOCKET 554; USSN: 10/607,434

"SENSOR-EOUIPPED AND ALGORITHM-CONTROLLED DIRECT
MECHANICAL VENTRICULAR ASSIST DEVICE"

Dear Mike:

Enclosed, please find a copy of REQUEST OF WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS filed with the United States Patent and Trademark Office. The withdrawal is not effective until granted by the United States Patent and Trademark Office.

There is currently nothing requiring a response to the United States Patent and Trademark Office within the next 60 days in this case. In this manner, no patent rights will be compromised. However, for your records, the next significant date you may wish to calendar in this matter, is as follows:

Awaiting first Office Action on the Merits

It is our understanding that you already have complete and accurate files of this application. At your request, we would be pleased to provide you with a redundant copy of our records.

Harvard Crobnumle

Enclosures